

# Parks and Recreation

3500 South Rural Road, Tempe, AZ 85282



## Fall Baseball League 2005

### League Information

- League Dates: Sept. 12 – Oct. 30, 2005
- Two games week -Ten (10) games plus single elimination tournament..
- **Coaches' Organizational Meeting: Thur. Aug. 11, 2005 – 6:00p**
- **2<sup>nd</sup> Floor Board Rm – Library Building; 3500 S. Rural**
- Fee: \$50.00/ player \$600.00/team - 12 players/ team minimum
- 12U– Play games on Tuesday/Saturday (5<sup>th</sup> & 6<sup>th</sup> graders – must also meet age requirement)
- 14U – Play games on Monday/Wednesday (7<sup>th</sup> & 8<sup>th</sup> graders- must meet age requirement)
- Two umpires per game. Scorekeeper/Field Supervisor Provided
- Fields Prepared by Parks & Recreation
- League age based on **April 30, 2006**. *No one under 10 years old will be allowed.*
- Relaxed developmental league atmosphere - Free substitution
- For more information call: Bobbi Jones; 480-350-5267 or [bobbjones@tempe.gov](mailto:bobbjones@tempe.gov)

Fee Assistance  
Available for  
Tempe/Guadalupe  
Residents

### Fall Baseball League

Fall 2005

12U is for 5<sup>th</sup> & 6<sup>th</sup> graders 14U is for 7 & 8<sup>th</sup> graders League age based on **April 30, 2006**

Participant Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age \_\_\_\_\_

Address: \_\_\_\_\_ APT # \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Phone: Eve \_\_\_\_\_ Day \_\_\_\_\_ School \_\_\_\_\_ Grade (In Fall) \_\_\_\_\_

Parent's Name: \_\_\_\_\_ Please Circle Class Code: 12U: BASE-5D

EMAIL ADDRESS \_\_\_\_\_ 14U: BASE- 6D

\*\*Coaches/ Team Affiliation (Must have prior approval): \_\_\_\_\_

### Waiver of Liability

With knowledge and appreciation of the risk of injury, I wish to participate in this Activity. I agree to assume the risk of personal injury while participating. I understand the City of Tempe does not carry accident, sickness, or medical insurance for participants. I understand that all reasonable efforts will be extended to insure my health and safety. If the Class/Activity includes any physical exertion, I agree to perform the exercise at my own ability level. I fully understand the nature of this Class/Activity, and I waive and release and hold harmless the City of Tempe and any of its agents, employees, officers, council members, and sponsors for any and all rights and claims for damages or costs I may have against the City of Tempe, its agents, employees, officers, council members, and sponsors for personal injury, death, or property damage suffered by me, or that I may cause to others, as a result of my participation in this Class/Activity.

I agree to look to my private physician for medical advice and care and to notify my teacher or instructor of any physical limitations I might have or modifications I might need to the Class/Activity. I will require the following accommodation to participate: \_\_\_\_\_

I have read and clearly understand the above statements. I realize this is a contract between myself and the City of Tempe and is a release of Liability. I sign it of my own free will.

\_\_\_\_\_  
REQUIRED: Parent or Legal Guardian Signature AND Printed Name

\_\_\_\_\_  
Date

**Fall Baseball 2005 TEAM REGISTRATION FORM**

(PLEASE PRINT: USE BLACK INK ONLY)

League age based on **April 30, 2006**

TEAM NAME \_\_\_\_\_

COACH/PERSON IN CHARGE \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ZIP \_\_\_\_\_

HM PHONE \_\_\_\_\_ WK PHONE: \_\_\_\_\_ CELL: \_\_\_\_\_

FAX \_\_\_\_\_ E-MAIL \_\_\_\_\_

Circle the League you are requesting:	<b>12U (5&amp;6<sup>th</sup> gr.)</b>	<b>14U (7<sup>th</sup> &amp; 8<sup>th</sup> gr.)</b>
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	Player	Address	City	Grade	Age
1.	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____
4.	_____	_____	_____	_____	_____
5.	_____	_____	_____	_____	_____
6.	_____	_____	_____	_____	_____
7.	_____	_____	_____	_____	_____
8.	_____	_____	_____	_____	_____
9.	_____	_____	_____	_____	_____
10.	_____	_____	_____	_____	_____
11.	_____	_____	_____	_____	_____
12.	_____	_____	_____	_____	_____
13.	_____	_____	_____	_____	_____
14.	_____	_____	_____	_____	_____

Rosters must be filled out completely. Roster will be checked for validity purposes. As the representative of my team I have read and agree to all the rules and regulations of the City of Tempe Fall Baseball League, and verify to the best of my knowledge that all information given on this form to be true and accurate.

\_\_\_\_\_  
Coaches Signature\_\_\_\_\_  
Date